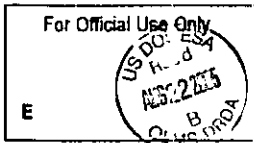


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



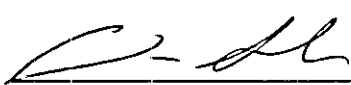
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-10120	2. Fiscal Year Covered From: 1/1/04 Through: 12/31/04
3. Name and address of person filing. Name Denis A. Steel P.O. Box, Bldg., Room No., if any Street 395 Hudson Street City New York State New York ZIP Code + 4 10014	4. Name, file number, and address of labor organization. Name N.Y.C. District Council of Carpenters Labor Organization File Number 013051 P.O. Box, Building and Room Number, if any Street 395 Hudson St. City New York State New York ZIP Code + 4 10014
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Wallact Ceiling Association Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 Jericho Turnpike City Jericho State New York ZIP Code + 4 11750	7. a. Nature of Interest, Transaction, or Income. Lunch Meeting to Discuss Advancement of industry TPC of Louisiana (See Attached) 7. b. Amount. \$86.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8-12-05	212567500
	Date	Telephone Number

Name of Person Filing <u>Denise Sheil</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alliance Bernstein  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 1345 Avenue of Americas  
City New York  
State New York ZIP Code + 4 10105

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

Investment adjustment  
Meeting AND discussion

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and Lunch  
2-12-04

(see Attachment)

12.b. Amount.

154.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



NYCDC of Carpenters Benefit Funds  
 Conferences paid for the period covered  
 1/1/04-12/31/04

Name	Check Date	Purpose	Type	D. Sheil
The Westin Diplomat Resort & Spa	5/20/2004	Trustee mtg	Meals	\$72.62
American Express (Jasna Polana June-July 04)	7/29/2004	Trustee mtg	Meals	\$50.40
International Foundation - Conference (Sept 2004)	8/5/2004	IFEB Conference	Regis. Fee	\$915.00
American Express (IFEB Conference)	12/28/2004	IFEB Conference	Meals	\$48.13
Doral Arrowwood (October 2004)	12/29/2004	Trustee mtg	Hotel	\$385.00
Doral Arrowwood (October 2004)		Trustee mtg	Meals	\$56.04
	<b>Total</b>			<u><u>\$1,527.18</u></u>

Retirement Fund  
 Conferences paid for the period of  
 1/1/04-12/31/04

The Westin Diplomat Resort & Spa	5/20/2004	Trustee mtg	Meals	<u><u>\$66.92</u></u>
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## Part B

Name of Reporting Employer: <b>Industry Promotional Fund for the Wall-Ceiling &amp; Carpentry Industry</b>	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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8.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <b>Vice President</b>
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.  Name: <b>Denis Shei</b>  P.O. Box, Building and Room Number, if any  Street: <b>395 Hudson Street</b> City: <b>New York</b> State: <b>NY</b> ZIP Code + 4: <b>10014</b>		9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization: <b>NYC District Council of Carpenters</b>  P.O. Box, Building and Room Number, if any  Street: <b>Same</b> City: State: ZIP Code + 4:
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  <b>See 11A</b>		10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).  <b>12/03/04</b>	11.b. Amount of each payment or expenditure  <b>86.00</b>	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)  <b>TPC, Louisiana Lunch</b>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

**An annual event at which labor and management meet to discuss ways and means to advance the industry.**